

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID No.	DATE
FEE DETERMINATION	E.H.	20	07-30-01
O.I.P.E. CLASSIFIER		917	8/4
FORMALITY REVIEW	AM		09-06-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/5/17
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23	Y
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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